

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9862 or e-mail at CobleC@mail.co.leon.fl.us

ATTACHMENT # 6
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In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

I participate in landfill research.

References (you must provide at least one personal reference who is not a family member):

Name: Dr. Nancy Marcus Telephone: 644-6700

Address: Dept of Oceanography FSU, Tallahassee FL 32306

Name: _____ Telephone: _____

Address: _____

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☐ Not yet will soon

Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ No If yes, please explain _____

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ No

If yes, please explain _____

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ No

If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____

Please return Application to

Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street